

# EMPLOYEE RIGHTS

## PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

### ► PAID LEAVE ENTITLEMENTS

**Generally, employers covered under the Act must provide employees:**

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- 2/3 for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 10 weeks more of paid sick leave and expanded family and medical leave paid at 2/3 for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### ► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.*

### ► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li><li>2. has been advised by a health care provider to self-quarantine related to COVID-19;</li><li>3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li><li>4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li></ol> | <ol style="list-style-type: none"><li>5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or</li><li>6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li></ol> |
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### ► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR

For additional information  
or to file a complaint:

**1-866-487-9243**

TTY: 1-877-889-5627

**[dol.gov/agencies/whd](https://dol.gov/agencies/whd)**



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## EMPLOYEE REQUEST FOR EMERGENCY FAMILY AND MEDICAL LEAVE

Employees requesting Emergency FMLA (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to Human Resources for processing.

<b>Employee Name:</b>		
<b>Employee Home Address:</b>		<b>E-mail:</b>
<b>Home Phone Number:</b>		<b>Cell Phone Number:</b>
<b>This is a (choose one):</b> <input type="checkbox"/> New request for leave <input type="checkbox"/> Request for an extension of leave		
<b>Anticipated Begin Date of Leave:</b>		<b>Expected Return to Work Date:</b>
<b>Reason for Leave</b> (check all applicable) I am unable to work (or telework) for the following reasons: <input type="checkbox"/> 1. I am subject to a Federal, State or local quarantine or isolation order related to COVID-19 (please submit doctor's note) <input type="checkbox"/> 2. I have advised by a health care provider to self-quarantine related to COVID-19 (please submit doctor's note) <input type="checkbox"/> 3. I am experiencing COVID-19 symptoms and are seeking a medical diagnosis <input type="checkbox"/> 4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2) <input type="checkbox"/> 5. I am experiencing another substantially similar condition specified by the U.S. Department of Health and Human Services. <input type="checkbox"/> 6. Employee is caring for son or daughter whos school or childcare has been closed due to Covid-19 precautions.		
<b>I will need (choose one):</b> <input type="checkbox"/> Continuous leave <input type="checkbox"/> Intermittent leave  If your need for leave is intermittent, please describe the nature of your intermittent leave:  <hr/> <hr/>		
<b>Substitution of Paid Leave:</b> Pursuant to the FFCRA, the first 10 days of your leave is unpaid, however you may be eligible for emergency sick leave provided through the FFCRA. In the event you are not eligible for emergency sick leave, you are permitted to use available paid leave to cover this period. Please indicate if you would like to use paid leave during the first 10 days of your absence (if you are not eligible for emergency sick leave) and how many hours you plan to use.  <input type="checkbox"/> Vacation/PTO (____ Hrs) <input type="checkbox"/> Sick Leave (____ Hrs) <input type="checkbox"/> Personal (____ Hrs) <input type="checkbox"/> Other (____ Hrs)		

I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Families First Coronavirus Response Act Leave Request

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Job Title/Work Location

**Type of Request:** *Select all that apply.*

Employee ID #/Last 4 of SS# \_\_\_\_\_

☐ Public Health Emergency Paid Family Leave **Dates of leave:** \_\_\_\_\_ to \_\_\_\_\_

- Employee has been employed for at least 30 days
- Leave is required to care for a minor child due to a school or childcare closure caused by public health emergency and employee is unable to work.

☐ Emergency Paid Sick Leave (self) **Dates of leave:** \_\_\_\_\_ to \_\_\_\_\_

- Employee is unable to work due to government issued quarantine or isolation order.
- Employee has been advised to self-quarantine by a healthcare provider and is unable to work.
- Employee is experiencing symptoms of COVID-19, seeking diagnosis and unable to work.
- Employee is experiencing "a substantially similar condition" as specified by certain federal agencies and is unable to work.

☐ Emergency Paid Sick Leave (care of others) **Dates of leave:** \_\_\_\_\_ to \_\_\_\_\_

- Employee is caring for someone subject to government issued quarantine, isolation order or is caring for an individual who has been advised by a health care provider to self-quarantine related to COVID-19 and is unable to work.
- Employee is caring for a son or daughter whose school or childcare is closed or unavailable "due to COVID-19 precautions" and is unable to work.

My signature below assures that I meet the criteria listed above and qualify for Emergency Paid Leave as I am **unable to work, either at an assigned work site or in a remote assignment assigned by TESD**. Misuse of this leave is grounds for disciplinary action and may also result in a requirement to repay leave benefits.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Once completed, please e-mail to your Personnel Technician.

**For HR use only below line**

\*\*\*\*\*

Eligibility verified by: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Does not qualify ☐ More information required Reason: \_\_\_\_\_

## Families First Coronavirus Response Act: Employee Paid Leave Rights

Due to the passage of the Families First Corona Virus Response Act (HR 6201) you may be entitled to one or more of the emergency leave benefits listed below. These provisions will be effective from April 1, 2020 through December 31, 2020. Below is a summary of the new leave benefits but please refer to the Employee Rights Notice for more detailed information. If you have questions regarding your eligibility or benefits, please contact your Personnel Technician.

### **EFFECTIVE APRIL 1, 2020 Public Health Emergency Paid Family Leave (leave for childcare purposes for minor children related to school or daycare closures)**

- Employee has been employed for at least 30 days to be eligible.
- Employee needs to care for a minor child due to a school or childcare closure caused by public health emergency and is unable to work or telework.

**BENEFIT:** Up to 12 weeks of leave. First two weeks unpaid, unless other leave is utilized, then 10 weeks at 2/3 pay up to a maximum of \$200/day and \$10,000 total. (Note: While the law provides for this first two week period to be unpaid, TCOE will be providing this leave to staff as paid.)

### **Emergency Paid Sick Leave**

#### **1) Emergency Paid Sick Leave (self)**

- (i) Employee is **unable to work** due to government issued quarantine or isolation order related to COVID-19.
- (ii) Employee has been advised to self-quarantine by a healthcare provider related to COVID-19 and is unable to work.
- (iii) Employee is experiencing symptoms of COVID-19, is seeking diagnosis and is unable to work.
- (iv) Employee is experiencing "a substantially similar condition" to COVID-19 as specified by certain federal agencies and is unable to work.

#### **2) Emergency Paid Sick Leave (care of others)**

- Employee is caring for an individual subject to government issued quarantine or isolation order related to COVID-19 or who is caring for an individual who has been advised to self-quarantine by a healthcare provider related to COVID-19 and is unable to work.
- Employee is caring for a son or daughter whose school or childcare is closed or unavailable "due to COVID-19 precautions" and is unable to work.

### **IMPORTANT NOTES:**

- Emergency Paid Sick leave (self) and Emergency Paid Sick Leave (others) combined may not exceed 2 weeks total.
- The 12 weeks of Emergency Paid Family Leave is subject to the FMLA limits of 12 workweeks annually. These laws do not entitle you to an additional 12 workweeks of leave if you have already exhausted your leave for this year. Similarly, if you utilize this leave now, it will reduce your available leave for the next 12 months. However, even if you have exhausted your FMLA leave, you will be entitled to utilize Emergency Paid Sick Leave for qualifying reasons.
- These emergency benefits will be applied before the employee's regular leave accruals are used.